

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:  
1 of 11

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr. Rogelio  
NICKNAME LAST SUFFIX  
Roy Morales Jr.

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
2450 Louisiana Suite 400-224, Houston, TX 77006

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 713 ) 520-7825

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mrs. Catherine  
NICKNAME LAST SUFFIX  
Morales

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2450 Louisiana Suite 400-224, Houston, TX 77006

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 713 ) 520-7825

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
11 / 01 / 05 THROUGH 01 / 17 / 06

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE  
/ / ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)  
None

13 OFFICE SOUGHT (if known)

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name  
None

Address / PO Box; Apt. / Suite #; City; State; Zip Code

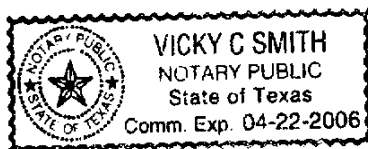
☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

<b>15 C/OH NAME</b>		MORALES, ROGELIO JR. (MR.)		<b>16 ACCOUNT #</b> (Ethics Commission files)
<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<p>-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --</p>			
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		None		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
<input type="checkbox"/> additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
<b>18 CONTRIBUTION TOTALS</b>	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 6,000.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$ 28,868.09
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ \$474.82
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ \$47,947.05

**19 AFFIDAVIT**

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Rogelio Morales Jr.*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Rogelio Morales Jr., this the 17th day of January, 2006, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Vicky Smith  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages Schedule A: Schedule: 1/3 Report: 3/11	
<b>2</b> FILER NAME MORALES, ROGELIO JR. (MR.)		<b>3</b> ACCOUNT # (Ethics Commission files)	
<b>4</b> Date 11/02/2005	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ybarra, Russell <b>6</b> Contributor address; City; State; Zip Code 5400 E. [REDACTED] Pasadena, TX 77505	<b>7</b> Amount of contribution (\$) \$1,500.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 11/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Story, Eric L. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tulich, Joan Contributor address; City; State; Zip Code [REDACTED] Spring, TX 77379-4539	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Duy-Hung Hoan, Aloysius Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77018	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Adams, Norman Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77248	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>			



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:  
Schedule: 2/3 Report: 4/11

2 FILER NAME MORALES, ROGELIO JR. (MR.)

3 ACCOUNT # (Ethics Commission filers)

4 Date  
11/04/20055 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Christ, Paul6 Contributor address: City: State: Zip Code  
[REDACTED]  
Houston, TX 770407 Amount of  
contribution (\$) \$200.008 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
11/04/2005Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Montgomery, DavidContributor address: City: State: Zip Code  
[REDACTED]  
Houston, TX 77027Amount of  
contribution (\$) \$500.00In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/04/2005Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cruz, DelyContributor address: City: State: Zip Code  
[REDACTED]  
Houston, TX 77066Amount of  
contribution (\$) \$200.00In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/08/2005Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Cook, LeeContributor address: City: State: Zip Code  
[REDACTED]  
Houston, Texas 77036Amount of  
contribution (\$) \$1000.00In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/18/2005Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Radack, Steve (Campaign Fund)Contributor address: City: State: Zip Code  
[REDACTED]  
Houston, TX 77284Amount of  
contribution (\$) \$1000.00In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 Total pages Schedule A:</b> Schedule: 3/3 Report: 5/11	
<b>2 FILER NAME</b> MORALES, ROGELIO JR. (MR.)		<b>3 ACCOUNT #</b> (Ethics Commission filers)	
<b>4 Date</b> 12/02/2005	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Rowland, Julia <b>6 Contributor address; City; State; Zip Code</b> [REDACTED] Houston, TX 77005	<b>7 Amount of contribution (\$)</b> \$300.00	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation / Job title (See Instructions)</b>		<b>10 Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: Schedule: 1/1 Report: 6/11	
2 FILER NAME MORALES, ROGELIO JR. (MR.)		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$	
5 Date of loan 11/08/2005	7 Name of lender Morales, Rogelio Jr. Mr. <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$19,254.24	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 2450 Louisiana, Suite 400-224, Houston, TX 77006	10 Interest rate .25%	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor ..... 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)	
19 Principal Occupation		20 Employer	
Date of loan 11/10/2005	Name of lender Morales, Rogelio Jr. Mr. <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$) \$376.30	
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 2450 Louisiana Suite 400-224, Houston, TX 77006	Interest rate .25%	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 1/5 Report: 7/11**2** FILER NAME  
MORALES, ROGELIO JR. (MR.)**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date 11/02/2005	<b>5</b> Payee name Business Extension Bureau <b>6</b> Payee address; City; State; Zip Code 4802 Travis, Houston, TX 77002-9740	<b>7</b> Amount (\$) \$5300.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Printed Material	<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 11/02/2005	Payee name Xpedite Systems, LLC Payee address; City; State; Zip Code 1268 Paysphere Circle, Chicago, IL 60674	Amount (\$) \$3,602.99
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Purpose of payment (See instructions regarding type of information required.) Auto Phone Calls	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 11/03/2005	Payee name Business Extension Bureau Payee address; City; State; Zip Code 4802 Travis, Houston, TX 77002-9740	Amount (\$) \$10,578.87
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Purpose of payment (See instructions regarding type of information required.) Printed Material	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 11/03/2005	Payee name Sacred Heart Society of Little York Payee address; City; State; Zip Code 816 East Whitney Dr, Houston, TX 77022	Amount (\$) \$704.00
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Purpose of payment (See instructions regarding type of information required.) Candidate Luncheon Hall Rental	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 2/5 Report: 8/11**2** FILER NAME  
MORALES, ROGELIO JR. (MR.)**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name Little Saigon Radio-Houston	<b>7</b> Amount (\$)
11/03/2005	<b>6</b> Payee address; City; State; Zip Code 6250 West Park Drive, Suite 112, Houston, TX 77057	\$800.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Advertising	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name fil-am press	Amount (\$)
11/04/2005	Payee address; City; State; Zip Code 2751 Green Hollow Court, Missouri City, TX 77489	\$500.00

Purpose of payment (See instructions regarding type of information required.) Advertising	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Advarion Inc	Amount (\$)
11/04/2005	Payee address; City; State; Zip Code P.O. Box 540183, Houston, TX 77254	\$195.60

Purpose of payment (See instructions regarding type of information required.) Computer Website Fees	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name Home Depot	Amount (\$)
11/06/2005	Payee address; City; State; Zip Code 1100 Lumpkin Rd, Houston, TX 77043	\$90.15

Purpose of payment (See instructions regarding type of information required.) Campaign Sign Posts	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 3/5 Report: 9/11**2** FILER NAME  
MORALES, ROGELIO JR. (MR.)**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date  11/06/2005	<b>5</b> Payee name Home Depot  <b>6</b> Payee address; City; State; Zip Code 2828 S. Hwy 6, Houston, TX 77082	<b>7</b> Amount (\$)  \$661.10
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Sign Posts	<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date  11/07/2005	Payee name Juarez, Joe  Payee address; City; State; Zip Code 7164, Rook Blvd, Houston, TX 77087	Amount (\$)  \$2500.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Assistance	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date  11/08/2005	Payee name Michael Franks Printing  Payee address; City; State; Zip Code 404 I-45 South, Houston, TX 77340	Amount (\$)  \$2895.38
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Purpose of payment (See instructions regarding type of information required.) Campaign Material	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date  11/10/2005	Payee name Carlson, H.  Payee address; City; State; Zip Code 338 Acme Ct Houston TX 77022	Amount (\$)  \$500.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Assistance	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:  
Schedule: 4/5 Report: 10/11**2** FILER NAME  
MORALES, ROGELIO JR. (MR.)**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date  11/10/2005	<b>5</b> Payee name BYNUM, MICAH  <b>6</b> Payee address; City; State; Zip Code 19802 CHERRY OAKS LN HUMBLE, TX 77346	<b>7</b> Amount (\$)  \$120.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Assistance	<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date  11/10/2005	Payee name Salazar, Joanne  Payee address; City; State; Zip Code 7918 Dockal Houston, TX 77028	Amount (\$)  \$75.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Assistance	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date  11/10/2005	Payee name Castillo, Mary  Payee address; City; State; Zip Code 7918 Dockal Houston, TX 77028	Amount (\$)  \$75.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Assistance	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date  11/10/2005	Payee name Vasquez, Yolanda  Payee address; City; State; Zip Code 808 Frawley #701 Houston, TX 77009	Amount (\$)  \$75.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Assistance	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

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**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages Schedule F: Schedule: 5/5 Report: 11/11
<b>2</b> FILER NAME MORALES, ROGELIO JR. (MR.)		<b>3</b> ACCOUNT # (Ethics Commission files)
<b>4</b> Date 11/10/2005	<b>5</b> Payee name Fred and Dorothy Kelly <b>6</b> Payee address; City; State; Zip Code 6842 Orville Houston, TX 77028	<b>7</b> Amount (\$) \$150.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Assistance		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/10/2005	Payee name Sprint Payee address; City; State; Zip Code P.O. Box 219554 Kansas City, MO 64121-9554	Amount (\$) \$376.30
Purpose of payment (See instructions regarding type of information required.) Cell phone calls		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/31/2005	Payee name UPS Store Payee address; City; State; Zip Code 2450 Louisiana Suite 400, Houston, TX 77006	Amount (\$) \$45.00
Purpose of payment (See instructions regarding type of information required.) Mail Box		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
<del>Date</del>	<del>Payee name Payee address; City; State; Zip Code</del>	<del>Amount (\$)</del>
<del>Purpose of payment (See instructions regarding type of information required.)</del>		<del>** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held</del>
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

